

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09759474

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

SMALL ENTITY
TYPE

OTHER THAN
SMALL ENTITY
OR

TOTAL CLAIMS		<i>43</i>	<input type="checkbox"/>
FOR		NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	<i>43</i>	minus 20=	<i>* 23</i>
INDEPENDENT CLAIMS	<i>3</i>	minus 3 =	<i>* 0</i>
MULTIPLE DEPENDENT CLAIM PRESENT			<input type="checkbox"/>

RATE	FEE	RATE	FEE
BASIC FEE	355.00	OR	BASIC FEE
X\$ 9=	<input type="checkbox"/>	OR	X\$18=
X40=	<input type="checkbox"/>	OR	X80=
+135=	<input type="checkbox"/>	OR	+270=
TOTAL	<input type="checkbox"/>	OR	TOTAL

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

SMALL ENTITY

OTHER THAN
SMALL ENTITY
OR

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus		
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>	

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=	<input type="checkbox"/>	X\$18=	<input type="checkbox"/>
X40=	<input type="checkbox"/>	X80=	<input type="checkbox"/>
+135=	<input type="checkbox"/>	+270=	<input type="checkbox"/>
TOTAL ADDIT. FEE	<input type="checkbox"/>	TOTAL ADDIT. FEE	<input type="checkbox"/>

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus		
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>	

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=	<input type="checkbox"/>	X\$18=	<input type="checkbox"/>
X40=	<input type="checkbox"/>	X80=	<input type="checkbox"/>
+135=	<input type="checkbox"/>	+270=	<input type="checkbox"/>
TOTAL ADDIT. FEE	<input type="checkbox"/>	TOTAL ADDIT. FEE	<input type="checkbox"/>

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus		
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>	

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=	<input type="checkbox"/>	X\$18=	<input type="checkbox"/>
X40=	<input type="checkbox"/>	X80=	<input type="checkbox"/>
+135=	<input type="checkbox"/>	+270=	<input type="checkbox"/>
TOTAL ADDIT. FEE	<input type="checkbox"/>	TOTAL ADDIT. FEE	<input type="checkbox"/>

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.